

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 05/25/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/29/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	4102	2313	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
		21	1636	DUPLICATE OF CLAIM-SYSTEM	15	8656	20768	12112
		191	1572	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404904	WESTERN HIGHLAN DS LME	3101	287	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING				
		21	131	DUPLICATE OF CLAIM-SYSTEM	0	466	1958	1492
		8000	26	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404910	PATHWAYS	8800	254	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		21	40	DUPLICATE OF CLAIM-SYSTEM	0	336	4230	3894
		11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	78	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	48	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	157	1871	1714
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	8800	1207	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	137	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1657	3815	2158
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIORAL HEAL	8961	44	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		8534	31	SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI SUBMITTED	0	95	182	87
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404917	CENTERPOINT HUM AN SERVICES	8505	1143	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	117	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1468	2414	946
		11	112	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	990	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	451	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	2187	4847	2660
		8537	270	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404920	ALAMANCE CASHEL L AREA MH D	8505	1268	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3411	210	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	1	2307	5844	3537
		3412	210	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404921	ORANGE PERSON C HATHAM AREA	8505	723	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	112	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	955	2703	1748
		11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	21	4806	DUPLICATE OF CLAIM-SYSTEM				
		8800	2749	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	7877	15791	7914
		8329	135	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	21	1302	DUPLICATE OF CLAIM-SYSTEM				
		8800	111	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1562	3491	1929
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	569	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	63	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	7	902	4625	3723
		21	58	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	98	1300	1202
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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3404927	CUMBERLAND CO M HC	8505	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	316	1167	851
		21	37	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	19	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		23	1	SERVICE REQUIRES PRIOR APPROVA L	0	20	30	10
3404931	WAKE CO HUM SVC BILLING OF	8505	959	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	758	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	34	3459	12667	9208
		79	551	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2103	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3411	1072	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	3841	8404	4563
		8800	382	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	818	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	382	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1583	2197	614
		3102	183	THE TAXONOMY CODE FOR THE BILL ING PROVIDER IS MISSING				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8532	163	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
		8326	148	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	639	5537	4898
		8505	103	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404939	EAST CAROLINA B BEHAVIORAL H	8800	193	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	74	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	367	3895	3528
		7001	45	EXCEEDS THE ONE PER DAY LIMITA TION				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	8505	518	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	696	1647	951
		3411	49	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404944	EASTPOINTE HUMA N SERVICES	8536	282	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		79	26	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	330	2506	2176
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8326	639	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8533	217	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	0	1174	1772	598
		27	53	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404949	PIEDMONT BEHAVI ORAL HEALTH	8326	2055	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		120	587	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	3745	5317	1572
		8534	543	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				